

12/22/00
jc893 U.S. PTO

12-26-00

A/RE

PATENT

Attorney Docket No. 100.047US04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

On re Application of:
Larry G. Fischer et al.

Patent No.: 5,852,651
Issued: December 22, 1998
For: CELLULAR COMMUNICATIONS
SYSTEM WITH SECTORIZATION

Group Art Unit: Not Assigned

Examiner: Not Assigned

jc841 U.S. PTO
09/747273
12/22/00

APPLICATION FOR REISSUE UNDER 37 CFR 1.171

Commissioner for Patents
BOX REISSUE
Washington, DC 20231

Dear Sir:

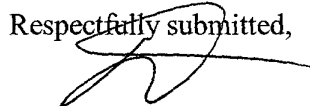
Enclosed is an application for reissue of U.S. Patent No. 5,852,651, entitled CELLULAR COMMUNICATIONS SYSTEM WITH SECTORIZATION granted to Larry G. Fischer et al. on December 22, 1998, which includes the following:

1. Reissue Application (21 pages including the specification, claims, and abstract);
2. 58 Sheets of Drawings;
3. Reissue Application Transmittal (1 p.);
4. Reissue Application Fee Transmittal Form (1 p.)
5. Unexecuted Declaration by the Inventors (3 pp.);
6. Preliminary Amendment (5 pp.).

FILING FEE IS DEFERRED.

Date: December 22, 2000

Respectfully submitted,


David N. Fogg
Reg. No. 35,138

Attorneys for Applicant
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T - 612/252-0014
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Please type a plus sign inside this box ☐

PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

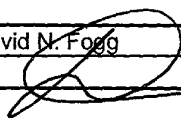
Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	100.047US04
	First Named Inventor	Larry G. Fischer
	Original Patent Number	5,852,651
	Original Patent Issue Date (Month/Day/Year)	12/22/98
	Express Mail Label No.	EL599078832US

APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent
(check applicable box)

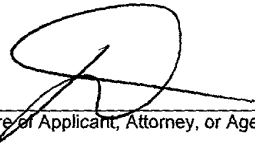
APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribbioned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO- <input type="checkbox"/> Copies of IDS Citations
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 CFR § 1.175)(PTO/SB/51 or 52)	11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	12. <input checked="" type="checkbox"/> Preliminary Amendment
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<input type="checkbox"/> 37 CFR 3.73(b) Statement (PTO/SB/96) <input type="checkbox"/> Power of Attorney	14. Other: Application for Reissue Under 37 CFR 1.171 Communication

15. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<div style="border: 1px solid black; padding: 5px; text-align: center;">27073 PATENT TRADEMARK OFFICE</div>	or	<input checked="" type="checkbox"/> Correspondence address below
Name	David N. Fogg		
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Name (Print/Type)	David N. Fogg	Registration No. (Attorney/Agent)	35,138
Signature		Date	December 22, 2000

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (optional) 100.047US04		
Claims as Filed -- Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 9	Total Claims (37 CFR 1.16(j))	(B) 14	**** 0	x \$	=	x \$	18 = 0	
(C) 3	Independent claims (37 CFR 1.16(j))	(D) 8	* 5	x \$	=	x \$	80 = 400.00	
Basic Fee (37 CFR 1.16(h))				\$		\$ 710.00		
Total Filing Fee				\$		OR \$ 1,110.00		
Claims as Amended -- Part 2								
	(1) Claims Remaining After Amendment		(2) Highest No Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$	=	x \$	=
Independent claims (37 CFR 1.16(j))	***	MINUS	*****	=	x \$	=	x \$	=
Total Additional Fee					\$		OR \$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B-A), if "A" is 20 or less, use (B-20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____ A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____ A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card Form PTO-2038 is attached</p>								
<p>FILING FEE IS DEFERRED</p> <p>December 22, 2000 Date</p> <p style="text-align: right;">  Signature of Applicant, Attorney, or Agent of Record David N. Fogg, Reg. No. 35,138 Typed or printed name </p>								